

Residency Form 2024-2025

Student Name _____ Student or STAR ID _____

Email Address _____ Phone Number _____

In order to determine your residency for financial aid eligibility, please answer the following questions. (If additional space is needed, please use the reverse side of this form).

1. By July 1, 2024, will you have received a High School diploma?

Yes No

If no, please